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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/434,156 12/17/2002 SJS

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>AS JCL</i> Allowance Examiner's Signature	SJS Initials			

ADDRESS

27752

TITLE

Compositions, methods, and kits useful for the alleviation of gastrointestinal effects

FILING FEE RECEIVED 2994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) / <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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